

		FOR OHF USE					

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**2000
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2000)**

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: <u>0033407</u> Facility Name: <u>Aviston Countryside Manor</u> Address: <u>450 West First Street</u> <u>Aviston</u> <u>62216</u> <div style="display: flex; justify-content: space-between; width: 100%;"> Number City Zip Code </div> County: <u>Clinton</u> Telephone Number: <u>(618) 228-7615</u> Fax # <u>(618) 228-7632</u> IDPA ID Number: <u>37-1212934-1</u> Date of Initial License for Current Owners: <u>02/23/1988</u> Type of Ownership: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____ </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ </div> <div style="width: 30%;"> <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ </div> </div>	
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In the event there are further questions about this report, please contact:
Name: J. Terry Dooling **Telephone Number:** (618) 465-7717

SEE ACCOUNTANTS' COMPILATION REPORT

DPA 3745 (N-4-99)

IL478-2471

Print Preview

Facility Name & ID Number Aviston Countryside Manor# 0033407 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>34</u>	Skilled (SNF)	<u>34</u>	<u>12,444</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>57</u>	Intermediate (ICF)	<u>57</u>	<u>20,862</u>	3
4		Intermediate/DD			4
5	<u>6</u>	Sheltered Care (SC)	<u>6</u>	<u>2,196</u>	5
6		ICF/DD 16 or Less			6
7	<u>97</u>	TOTALS	<u>97</u>	<u>35,502</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>3,506</u>	<u>441</u>	<u>1,971</u>	<u>5,918</u>	8
9	SNF/PED					9
10	ICF	<u>11,203</u>	<u>9,792</u>		<u>20,995</u>	10
11	ICF/DD					11
12	SC		<u>30</u>		<u>30</u>	12
13	DD 16 OR LESS					13
14	TOTALS	<u>14,709</u>	<u>10,263</u>	<u>1,971</u>	<u>26,943</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4 75.89%)D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
NoneF. Does the facility maintain a daily midnight census? YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?
YES ☒ NO ☐H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☒ NO ☐I. On what date did you start providing long term care at this location?
Date started 02/23/1988J. Was the facility purchased or leased after January 1, 1978?
YES ☐ Date _____ NO ☒K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number
of beds certified 16 and days of care provided 1971Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

MODIFIED
ACCRUAL ☒ CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 12/31/2000 Fiscal Year: 12/31/2000* All facilities other than governmental must report on the accrual basis.
SEE ACCOUNTANTS' COMPILATION REPORT

Print Preview

IF AN ERROR OCCURS IN LINE 8, 16 OR 28, PLEASE ROUND ALL CELLS IN THE APPLICABLE SECTION TO ZERO DECIMAL PLACES.

STATE OF ILLINOIS

Page 3

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2000 Ending: 12/31/2000
V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	102,437	7,944	5,211	115,592		115,592	0	115,592		1
2	Food Purchase		115,906		115,906		115,906	(5,994)	109,912		2
3	Housekeeping	54,357	13,241		67,598		67,598	1,237	68,835		3
4	Laundry	53,627	15,117		68,744		68,744	0	68,744		4
5	Heat and Other Utilities			64,196	64,196		64,196	535	64,731		5
6	Maintenance	33,660	74,646	962	109,268	1,099	110,367	5,762	116,129		6
7	Other (specify): Sanitation			8,227	8,227		8,227	0	8,227		7
8	TOTAL General Services	244,081	226,854	78,596	549,531	1,099	550,630	1,540	552,170		8
	B. Health Care and Programs										
9	Medical Director			2,400	2,400		2,400	0	2,400		9
10	Nursing and Medical Records	745,207	32,139	3,876	781,222		781,222	(318)	780,904		10
10a	Therapy		2,060	126,601	128,661		128,661	0	128,661		10a
11	Activities	28,091	3,487	2,643	34,221	116	34,337	0	34,337		11
12	Social Services	18,267			18,267		18,267	0	18,267		12
13	Nurse Aide Training			2,324	2,324	(890)	1,434	(49)	1,385		13
14	Program Transportation		1,666		1,666		1,666	0	1,666		14
15	Other (specify):*							0			15
16	TOTAL Health Care and Progra	791,565	39,352	137,844	968,761	(774)	967,987	(367)	967,620		16
	C. General Administration										
17	Administrative	92,288	14,264	85,000	191,552	(3,247)	188,305	(22,263)	166,042		17
18	Directors Fees							0			18
19	Professional Services			21,514	21,514		21,514	1,262	22,776		19
20	Dues, Fees, Subscriptions & Promotions			31,056	31,056	1,134	32,190	(23,745)	8,445		20
21	Clerical & General Office Expense	39,534	11,679	11,022	62,235	153	62,388	27,409	89,797		21
22	Employee Benefits & Payroll Taxes			139,991	139,991	150	140,141	11,071	151,212		22
23	Inservice Training & Education					350	350	0	350		23
24	Travel and Seminar			4,616	4,616	1,135	5,751	(367)	5,384		24
25	Other Admin. Staff Transportation							1,174	1,174		25
26	Insurance-Prop.Liab.Malpractice			33,286	33,286		33,286	956	34,242		26
27	Other (specify):*							0			27
28	TOTAL General Administration	131,822	25,943	326,485	484,250	(325)	483,925	(4,503)	479,422		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,167,468	292,149	542,925	2,002,542		2,002,542	(3,330)	1,999,212		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000. SEE ACCOUNTANTS' COMPILATION REPORT
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Print Preview

IF AN ERROR OCCURS IN LINE 37 OR 44, PLEASE ROUND ALL CELLS IN THE APPLICABLE SECTION TO ZERO DECIMAL PLACES.

STATE OF ILLINOIS

Page 4

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			102,667	102,667		102,667	6,462	109,129		30
31	Amortization of Pre-Op. & Org.							0			31
32	Interest							0			32
33	Real Estate Taxes			24,663	24,663		24,663	521	25,184		33
34	Rent-Facility & Grounds			6,000	6,000		6,000	(6,000)			34
35	Rent-Equipment & Vehicles			540	540		540	0	540		35
36	Other (specify):*							0			36
37	TOTAL Ownership			133,870	133,870		133,870	983	134,853		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation							0			38
39	Ancillary Service Centers		56,995	5,875	62,870		62,870	(741)	62,129		39
40	Barber and Beauty Shops							0			40
41	Coffee and Gift Shops							0			41
42	Provider Participation Fee			49,960	49,960		49,960	0	49,960		42
43	Other (specify):*							0			43
44	TOTAL Special Cost Centers		56,995	55,835	112,830		112,830	(741)	112,089		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,167,468	349,144	732,630	2,249,242	0	2,249,242	(3,088)	2,246,154		45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Print Preview

SEE ACCOUNTANTS' COMPILATION REPORT

FOR LINES 1 THRU 28, ENTER ONLY ONE LINE REFERENCE PER ROW. IF SIMILAR ADJUSTMENTS ARE MADE TO MORE THAN ONE LINE, ENTER THE ADDITIONAL ADJUSTMENTS ON LINE 29 OF THIS SCHEDULE AND DETAIL THEM ON PAGE 5A.

STATE OF ILLINOIS

Page 5

Facility Name & ID Number **Aviston Countryside Manor**

0033407

Report Period Beginning: **01/01/2000**

Ending: **2/31/2000**

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1 Amount	2 Refer- ence	3 OHF USE ONLY	
	NON-ALLOWABLE EXPENSES				
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Program:				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds	(318)	10		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,680)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions	(1,172)	30		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(4,636)	17		18
19	Entertainment				19
20	Contributions	(860)	17		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,550)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(22,316)	20		25
	Income Taxes and Illinois Personal				
26	Property Replacement Tax	(2,617)	21		26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(15,235)	Var		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (50,384)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below. (See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	47,296	Var	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 47,296		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (3,088)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference
38	Medically Necessary Transport		X	\$	38
39					39
40	Gift and Coffee Shops		X		40
41	Barber and Beauty Shops		X		41
42	Laboratory and Radiology		X		42
43	Prescription Drugs		X		43
44	Exceptional Care Program		X		44
45	Other-Attach Schedule		X		45
46	Other-Attach Schedule				46
47	TOTAL (C): (sum of lines 38-46)			\$	47

SEE ACCOUNTANTS' COMPILATION REPORT

Print Preview

SEE THE PROCEDURES AT THE BOTTOM OF THE WORKSHEET.

IF THESE ARE NOT FOLLOWED, THE FORMULAS WILL NOT FUNCTION PROPERLY.

STATE OF ILLINOIS

Summary A

Facility Name & ID Numb Aviston Countryside Manor

0033407

Report Period Beginning:

01/01/2000

Ending: 12/31/2000

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

Print Summary	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY	
													TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(5,994)	0	0	0	0	0	0	0	0	0	0	(5,994)	2
3	Housekeeping	0	1,237	0	0	0	0	0	0	0	0	0	1,237	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	535	0	0	0	0	0	0	0	0	0	535	5
6	Maintenance	(11,253)	17,015	0	0	0	0	0	0	0	0	0	5,762	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(17,247)	18,787	0	0	0	0	0	0	0	0	0	1,540	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(318)	0	0	0	0	0	0	0	0	0	0	(318)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	(49)	0	0	0	0	0	0	0	0	0	0	(49)	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Program	(367)	0	0	0	0	0	0	0	0	0	0	(367)	16
	C. General Administration													
17	Administrative	(6,606)	(15,657)	0	0	0	0	0	0	0	0	0	(22,263)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,550)	2,812	0	0	0	0	0	0	0	0	0	1,262	19
20	Fees, Subscriptions & Promotions	(23,905)	160	0	0	0	0	0	0	0	0	0	(23,745)	20
21	Clerical & General Office Expenses	(2,617)	30,026	0	0	0	0	0	0	0	0	0	27,409	21
22	Employee Benefits & Payroll Taxes	0	11,071	0	0	0	0	0	0	0	0	0	11,071	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(415)	48	0	0	0	0	0	0	0	0	0	(367)	24
25	Other Admin. Staff Transportation	0	1,174	0	0	0	0	0	0	0	0	0	1,174	25
26	Insurance-Prop.Liab.Malpractice	0	956	0	0	0	0	0	0	0	0	0	956	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(35,093)	30,590	0	0	0	0	0	0	0	0	0	(4,503)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(52,707)	49,377	0	0	0	0	0	0	0	0	0	(3,330)	29

DO NOT USE DRAG & DROP, CUT OR MOVE COMMANDS. THEY WILL RUIN THE FORMULAS.

1. Enter the information on pages 5 and 5A.
2. For pages 6 thru 6I, the information you enter does not need to be sorted by line reference.
3. For pages 6 thru 6I, a line can be referenced as many times as needed per page.
4. For pages 6 thru 6I, related organization costs for therapy must be referenced as line number 10a.
5. The amounts in the column Q are linked to page 3.

**SEE THE PROCEDURES AT THE BOTTOM OF THE WORKSHEET.
IF THESE ARE NOT FOLLOWED, THE FORMULAS WILL NOT FUNCTION PROPERLY.**

STATE OF ILLINOIS

Summary B

Facility Name & ID Number: Aviston Countryside Manor

0033407

Report Period Beginning:

01/01/2000 Ending:

12/31/2000

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

Print Summary

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	3,064	3,398	0	0	0	0	0	0	0	0	0	6,462	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	521	0	0	0	0	0	0	0	0	0	521	33
34	Rent-Facility & Grounds	0	0	(6,000)	0	0	0	0	0	0	0	0	(6,000)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	3,064	3,919	(6,000)	0	0	0	0	0	0	0	0	983	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(741)	0	0	0	0	0	0	0	0	0	0	(741)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	(741)	0	0	0	0	0	0	0	0	0	0	(741)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(50,384)	53,296	(6,000)	0	0	0	0	0	0	0	0	(3,088)	45

DO NOT USE DRAG & DROP, CUT OR MOVE COMMANDS. THEY WILL RUIN THE FORMULAS.

1. Enter the information on pages 5 and 5A.
2. For pages 6 thru 6I, the information you enter does not need to be sorted by line reference.
3. For pages 6 thru 6I, a line can be referenced as many times as needed per page.
4. For pages 6 thru 6I, related organization costs for therapy must be referenced as line number 10a.
5. The amounts in the column Q are linked to page 4.

SEE ACCOUNTANTS' COMPILATION REPORT

SEE THE PROCEDURES AT THE BOTTOM OF THE WORKSHEET. IF THESE ARE NOT FOLLOWED, THE FORMULAS ON THE SUMMARY PAGES WILL NOT FUNCTION PROPERLY.

Facility Name & ID Number: Address: State: ZIP: Report Period Beginning: Ending: Page:

VER-RELATED PARTIES:

OWNERS

Name	Ownership %	Name	City
Terry & Maribee King	100.00%	R & G Inc., d/b/a Mt. Vernon	Mt. Vernon
Terry & Maribee King	100.00%	Cherryville Manor	Cherryville
Terry & Maribee King	100.00%	Cherry Parkville Inc. d/b/a	Cherryville
Terry & Maribee King	100.00%	Cherry Parkville Lane Lodge	Cherryville
Terry & Maribee King	100.00%	Cherry Mountain Inn, d/b/a	Cherryville
Terry & Maribee King	100.00%	Noblesville Golden Manor	Noblesville

RELATED NURSING HOMES

Name	City
King Management	Nashville

OTHER RELATED BUSINESS ENTITIES

Name	City	Type of Business
King Management	Nashville	Home Office

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ Yes ☒ No

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

Schedule	Line	Item	Amount	Name of Related Organization	% of Related Organization	Operating Costs of Related Organization	Adjustments to Related Organization Costs (Column G)
1	V	1	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
2	V	2	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
3	V	3	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
4	V	4	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
5	V	5	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
6	V	6	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
7	V	7	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
8	V	8	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
9	V	9	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
10	V	10	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
11	V	11	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
12	V	12	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
13	V	13	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
14	V	14	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
15	V	15	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
16	V	16	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
17	V	17	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
18	V	18	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
19	V	19	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
20	V	20	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
21	V	21	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
22	V	22	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
23	V	23	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
24	V	24	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
25	V	25	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
26	V	26	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
27	V	27	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
28	V	28	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
29	V	29	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
30	V	30	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
31	V	31	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
32	V	32	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
33	V	33	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
34	V	34	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
35	V	35	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
36	V	36	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
37	V	37	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
38	V	38	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
39	V	39	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
40	V	40	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
41	V	41	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
42	V	42	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
43	V	43	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
44	V	44	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
45	V	45	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
46	V	46	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
47	V	47	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
48	V	48	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
49	V	49	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
50	V	50	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
51	V	51	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
52	V	52	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
53	V	53	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
54	V	54	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
55	V	55	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
56	V	56	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
57	V	57	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
58	V	58	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
59	V	59	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
60	V	60	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
61	V	61	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
62	V	62	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
63	V	63	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
64	V	64	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
65	V	65	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
66	V	66	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
67	V	67	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
68	V	68	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
69	V	69	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
70	V	70	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
71	V	71	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
72	V	72	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
73	V	73	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
74	V	74	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
75	V	75	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
76	V	76	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
77	V	77	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
78	V	78	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
79	V	79	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
80	V	80	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
81	V	81	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
82	V	82	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
83	V	83	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
84	V	84	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
85	V	85	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
86	V	86	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
87	V	87	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
88	V	88	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
89	V	89	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
90	V	90	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
91	V	91	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
92	V	92	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
93	V	93	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
94	V	94	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
95	V	95	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
96	V	96	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
97	V	97	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
98	V	98	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
99	V	99	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
100	V	100	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
101	V	101	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
102	V	102	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
103	V	103	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
104	V	104	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
105	V	105	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
106	V	106	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
107	V	107	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
108	V	108	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
109	V	109	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
110	V	110	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
111	V	111	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
112	V	112	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
113	V	113	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
114	V	114	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
115	V	115	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
116	V	116	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
117	V	117	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
118	V	118	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
119	V	119	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
120	V	120	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
121	V	121	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
122	V	122	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
123	V	123	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
124	V	124	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
125	V	125	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
126	V	126	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
127	V	127	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
128	V	128	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
129	V	129	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
130	V	130	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
131	V	131	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
132	V	132	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
133	V	133	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
134	V	134	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
135	V	135	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
136	V	136	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
137	V	137	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
138	V	138	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
139	V	139	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
140	V	140	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
141	V	141	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
142	V	142	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
143	V	143	100.00%	King Management Co.	100.00%	1,237.00	1,237.00
144</							

SEE THE PROCEDURES AT THE BOTTOM OF THE WORKSHEET. IF THESE ARE NOT FOLLOWED, THE FORMULAS ON THE SUMMARY PAGES WILL NOT FUNCTION PROPERLY.

STATE OF ILLINOIS

Page 6A

Facility Name & ID Number Aviston Countryside Manor

0033407

Report Period Beginnin 01/01/2000 Ending: 12/31/2000

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	34 Land Lease	\$ 6,000	Jerry King		\$	(6,000)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 6,000			\$ *	(6,000)

Sum_6A

-6000

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

DO NOT USE DRAG & DROP, CUT OR MOVE COMMANDS. THEY WILL RUIN THE FORMULAS.

1. Enter the information on pages 5 and 5A.
2. For pages 6 thru 6I, the information you enter does not need to be sorted by line reference.
3. For pages 6 thru 6I, a line can be referenced as many times as needed per page.
4. For pages 6 thru 6I, related organization costs for therapy must be referenced as line number 10a.
5. The adjustments entered on this page will automatically transfer to the summary pages.

SEE THE PROCEDURES AT THE BOTTOM OF THE WORKSHEET. IF THESE ARE NOT FOLLOWED, THE FORMULAS ON THE SUMMARY PAGES WILL NOT FUNCTION PROPERLY.

STATE OF ILLINOIS

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginnin 01/01/2000 Ending: 12/31/2000

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V		\$			\$	\$
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$			\$	\$ *

Sum_6B

* Total must agree with the amount recorded on line 34 of Schedule VI. SEE ACCOUNTANTS' COMPILATION REPORT DO NOT USE DRAG & DROP, CUT OR MOVE COMMANDS. THEY WILL RUIN THE FORMULAS.

1. Enter the information on pages 5 and 5A.
2. For pages 6 thru 6I, the information you enter does not need to be sorted by line reference.
3. For pages 6 thru 6I, a line can be referenced as many times as needed per page.
4. For pages 6 thru 6I, related organization costs for therapy must be referenced as line number 10a.
5. The adjustments entered on this page will automatically transfer to the summary pages.

SEE THE PROCEDURES AT THE BOTTOM OF THE WORKSHEET. IF THESE ARE NOT FOLLOWED, THE FORMULAS ON THE SUMMARY PAGES WILL NOT FUNCTION PROPERLY.

STATE OF ILLINOIS

Page 6C

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginnin 01/01/2000 Ending: 12/31/2000

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V		\$			\$	\$
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$			\$	\$ *

Sum_6C

* Total must agree with the amount recorded on line 34 of Schedule VI. SEE ACCOUNTANTS' COMPILATION REPORT DO NOT USE DRAG & DROP, CUT OR MOVE COMMANDS. THEY WILL RUIN THE FORMULAS.

1. Enter the information on pages 5 and 5A.
2. For pages 6 thru 6I, the information you enter does not need to be sorted by line reference.
3. For pages 6 thru 6I, a line can be referenced as many times as needed per page.
4. For pages 6 thru 6I, related organization costs for therapy must be referenced as line number 10a.
5. The adjustments entered on this page will automatically transfer to the summary pages.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V		\$			\$	\$
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$			\$	\$ *

Sum_6D

* Total must agree with the amount recorded on line 34 of Schedule VI. SEE ACCOUNTANTS' COMPILATION REPORT
DO NOT USE DRAG & DROP, CUT OR MOVE COMMANDS. THEY WILL RUIN THE FORMULAS.

1. Enter the information on pages 5 and 5A.
2. For pages 6 thru 6I, the information you enter does not need to be sorted by line reference.
3. For pages 6 thru 6I, a line can be referenced as many times as needed per page.
4. For pages 6 thru 6I, related organization costs for therapy must be referenced as line number 10a.
5. The adjustments entered on this page will automatically transfer to the summary pages.

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Jerry King	Owner	Mgmt/Consultan	100.00	137,441	13	21.19%	Salary	\$ 36,962	17,8	1
2	Denise King	Regional Director	Administrative	0.00	107,585	11	21.19%	Salary	28,933	17,8	2
3	Keith King	Maint. Supervisor	Maintenance	0.00	58,374	8	21.19%	Salary	15,698	6,8	3
4	Leslie Pedtke	Administrator	Administrative	0.00	0	40	100.00%	Salary	92,288	17,1	4
5	Elizabeth King	Dietary	Dietary	0.00	0	20	100.00%	Salary	2,496	1,1	5
6	Marilyn King	Owner	Mgmt/Consultan	100.00	4,728	1	21.19%	Salary	1,272	17,8	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 177,649		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REI

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees)
**FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME
 ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION**

SEE ACCOUNTANTS' COMPILATION REPORT

Print Preview

| the name(s)
PORTS.

Facility Name & ID Number Aviston Countryside Manor# 0033407 Report Period Beginning: 01/01/2000Ending: 1/31/2000

VIII. ALLOCATION OF INDIRECT COSTS

Show Pgs 8A thru 8

Show Pgs 8E thru 8

Hide Pgs 8A thru 8

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization King Management CompanyStreet Address 935 South Mill StreetCity / State / Zip Code Nashville, IL 62263Phone Number (618) 327-3064Fax Number (618) 327-3083

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary		Allocation	
Line		(i.e.,Days, Direct Cost	Total Units	Subunits Being	Cost Being	Cost Contained	Facility	(col.8/col.4)x col.6	
Reference	Item	Square Feet)		Allocated Among	Allocated	in Column 6	Units		
1	3	Housekeeping	Patient Days	4	\$ 5,835	\$ 5,835	26,935	\$ 1,237	1
2	5	Utilities	Patient Days	4	2,526		26,935	535	2
3	6	Maintenance	Patient Days	4	80,286	74,072	26,935	17,015	3
4	17	Administrative	Patient Days	4	327,191	316,921	26,935	69,343	4
5	19	Professional Fees	Patient Days	4	13,268		26,935	2,812	5
6	20	Dues, Fees & Subscriptions	Patient Days	4	755		26,935	160	6
7	21	Clerical and Office Expense	Patient Days	4	141,674	113,988	26,935	30,026	7
8	22	Employee Benefits	Patient Days	4	52,239		26,935	11,071	8
9	24	Travel & Seminar	Patient Days	4	225		26,935	48	9
10	25	Other Admin. Staff Transport	Patient Days	4	5,541		26,935	1,174	10
11	26	Insurance	Patient Days	4	4,510		26,935	956	11
12	30	Depreciation - Vehicles	Direct Cost	1	3,875		N/A		12
13	30	Depreciation - Vehicles	Patient Days	4	6,622		26,935	1,403	13
14	30	Depreciation - Other	Patient Days	4	9,414		26,935	1,995	14
15	30	Depreciation - Copier	Direct Cost	1	359		N/A		15
16	33	Real Estate Taxes	Patient Days	4	2,460		26,935	521	16
17	30								17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 656,780	\$ 510,816		\$ 138,296	25

SEE ACCOUNTANTS' COMPILATION REPORT

Print Preview

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Schedule Not Applicable						\$	\$			\$	1	
2												2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related						\$	\$			\$	9	
	B. Non-Facility Related*												
10												10	
11												11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$	14	
15	TOTALS (line 9+line14)						\$	\$			\$	15	

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

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Facility Name & ID Number: **Aviston Countryside Manor**# **0033407** Report Period Beginning: **01/01/2000** Ending: **12/31/2000****IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)****B. Real Estate Taxes**

1. Real Estate Tax accrual used on 1999 report.	\$	23,800	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$	23,663	2
3. Under or (over) accrual (line 2 minus line 1).	\$	(137)	3
4. Real Estate Tax accrual used for 2000 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	24,800	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$		5
6. Subtract a refund of real estate taxes used previously to calculate a payment rate. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6	\$	24,663	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	1995	21,518	8		
	1996	22,205	9		
	1997	22,706	10		
	1998	23,871	11		
	1999	23,663	12		

	FOR OFF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 1999	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATIO	\$	16

Line 2: Real Estate Tax Payment was for 1999 tax year Line 7: \$24,663 Real Estate Tax

Line 4: Accrual is based on 1999 taxes paid 521 Home Office Allocation

\$25,184 Total Real Estate Ta

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

Print Preview

X. BUILDING AND GENERAL INFORMATION:A. Square Feet: 28,617 B. General Construction Type: Exterior Brick Frame _____ Number of Stories OneC. Does the Operating Entity? ☒ (a) Own the Facility ☐ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? ☒ (a) Own the Equipment ☐ (b) Rent equipment from a Related Organization. ☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Section Not ApplicableF. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Building & Parking Lot	108,900	1986	\$ 44,774	1
2	Home Office			1,333	2
3	TOTALS	108,900		\$ 46,107	3

SEE ACCOUNTANTS' COMPILATION REPORT

Print Preview

IF AN ERROR OCCURS IN LINE 35, COLUMN 4, PLEASE
REMOVE THE TEXT FROM COLUMN 2 OR 3.

Show Pgs 12A & 12

Show Pgs 12C and 12

Hide Pgs 12A thru 12

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Facility Name & ID Number Aviston Countryside Manor

0033407

Report Period Beginning:

01/01/2000(Ending: 12/31/2000)

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	70		1988	1988	\$ 1,472,741	\$ 48,046	30	\$ 49,091	\$ 1,045	\$ 630,005	4
5			1988	1988	66,310	2,210	30	2,210		34,628	5
6	27		1990	1990	352,911	13,097	30	11,764	(1,333)	124,499	6
7			1990	1990	6,649	227	30	222	(5)	2,355	7
8											8
PLEASE REMOVE TEXT FROM COLUMNS 2 OR 3											
9	Level & Remove Dirt			1988	1,428		10			1,428	9
10	Landscaping & Sod			1988	4,046		10			4,046	10
11	Shrubs			1988	1,219		10			1,219	11
12	Patio			1988	20,500	1,025	20	1,025		12,983	12
13	Parking Lot			1988	37,690	1,885	20	1,885		24,185	13
14	Landscaping			1988	1,900		10			1,900	14
15	Sidewalk and Patio			1988	1,161	58	20	58		745	15
16	Landscaping			1988	1,020	51	20	51		629	16
17	Doors/Door Frames			1988	16,064	803	20	803		10,308	17
18	Finishing Work on Addition			1990	918		15	61	61	617	18
19	Saf-T-Alarm - Disposed of in 2000			1992				39	39		19
20	Storage Building			1993	3,900	260	15	260		1,972	20
21	Water Heater			1994	3,164	211	15	211		1,336	21
22	Electrical Work			1994	2,293	229	10	229		1,585	22
23	Flooring			1995	9,255	926	10	926		5,461	23
24	Asphalt Parking Lot			1995	8,288	829	10	829		4,559	24
25	Double Detector Check Valve			1995	1,750	175	10	175		890	25
26	HVAC - Kitchen/Laundry			1996	14,577	857	17	857		3,787	26
27	Water Heater			1996	3,312	221	15	221		1,104	27
28	Hot Water Heater			1997	3,802	253	15	253		866	28
29	Landscaping			1997	3,499	350	10	350		1,196	29
30	Vinyl Flooring			1997	2,570	257	10	257		835	30
31	Floor Tiles			1997	3,525	353	10	353		1,117	31
32	Water Heater			1999	3,468	348	15	231	(117)	270	32
33	Wallcovering/Flooring			1999	1,774	177	10	177		192	33
34	Carpet			1999	12,873	1,287	10	1,287		1,395	34
35	Window Treatments			1999	7,734	774	5	1,547	773	2,707	35
36	PLEASE REMOVE TEXT FROM COLUMNS 2 OR 3				\$ #VALUE!	\$ 74,909		\$ 75,372	\$ 463	\$ 878,819	36

*Total beds on this schedule must agree with page 2.

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Print Previe

IF AN ERROR OCCURS IN LINE 35, COLUMN 4, PLEASE
REMOVE THE TEXT FROM COLUMN 2 OR 3.

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Facility Name & ID Numbe Aviston Countryside Manor

0033407

Report Period Beginning:

01/01/200(Ending: 12/31/2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	PLEASE REMOVE TEXT FROM COLUMNS 2 OR 3										
9		Renovation of C-Wing		2000	6,749	262	15	262		262	9
10		Wallpaper		2000	7,178	718	5	718		718	10
11		Paint		2000	1,745	320	5	320		320	11
12		Dressers and Installation		2000	3,870	215	15	215		215	12
13		Countertops and Installation		2000	4,008	167	20	167		167	13
14		Tile		2000	1,857	15	10	15		15	14
15		Window Treatments		2000	3,049	457	5	457		457	15
16		Wanderguard System		2000	2,102	122	10	122		122	16
17		Room Doors		2000	2,699	112	10	112		112	17
18		Tile		2000	3,300	0	10	0		0	18
19		Gravel Parking Lot		2000	2,698		5	315	315	315	19
20		3 Air Conditioner Units		2000	1,770		5	118	118	118	20
21		Tile		2000	2,602		10	22	22	22	21
22											22
23		Home Office Parking Lot		1989	419					419	23
24		Home Office Building		1995	20,776		25	831	831	4,294	24
25		Home Office Interior Finishes Lower Level		1996	1,289		15	86	86	387	25
26		Home Office Carpet		1996	451		5	90	90	405	26
27		Home Office Cabinets		1996	713		20	36	36	160	27
28		Home Office Electrical		1996	247		15	17	17	74	28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36		PLEASE REMOVE TEXT FROM COLUMNS 2 OR 3			\$ #VALUE!	\$ 2,388		\$ 3,903	\$ 1,515	\$ 8,582	36

*Total beds on this schedule must agree with page 2.

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Print Preview

IF AN ERROR OCCURS IN LINE 35, COLUMN 4, PLEASE
REMOVE THE TEXT FROM COLUMN 2 OR 3.

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Facility Name & ID Number Aviston Countryside Manor

0033407

Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	PLEASE REMOVE TEXT FROM COLUMNS 2 OR 3										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	PLEASE REMOVE TEXT FROM COLUMNS 2 OR 3				\$ #VALUE!	\$		\$	\$	\$	36

*Total beds on this schedule must agree with page 2.

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Print Preview

Facility Name & ID Number Aviston Countryside Manor# 0033407Report Period Beginning: 01/01/2000 Ending: 12/31/2000**XI. OWNERSHIP COSTS (continued)****C. Equipment Depreciation-Excluding Transportation. (See instructions.)**

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Componen Life 5	Accumulated Depreciation 6	
37	Purchased in Prior Years	\$ 242,477	\$ 17,865	\$ 21,937	\$ 4,072	5-15	\$ 171,792	37
38	Current Year Purchases	26,878	1,258	1,439	181	5-10	1,439	38
39	Fully Depreciated Assets	293,193					291,238	39
40								40
41	TOTALS	\$ 562,548	\$ 19,123	\$ 23,376	\$ 4,253		\$ 464,469	41

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
42	Resident Transportation	1998 Ford E350 Van	1999	\$ 20,298	\$ 5,075	\$ 5,075		4	\$ 9,303	42
43	Facility - Administration	1996 Chrysler Concord	1995	5,235		0		4	5,235	43
44	Home Office Vehicle	1998 Ford F150 Truck	1998	5,613		1,403	1,403	4	4,444	44
45										45
46	TOTALS			\$ 31,146	\$ 5,075	\$ 6,478	\$ 1,403		\$ 18,982	46

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
47	Total Historical Cost (line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	\$ #VALUE!	47
48	Current Book Depreciation (line 36,col.5 + line 41,col.2 + line 46,col.5)	\$ 101,495	48
49	Straight Line Depreciation (line 36,col.7 + line 41,col.3 + line 46,col.6)	\$ 109,129	49
50	Adjustments (line 36,col.8 + line 41,col.4 + line 46,col.7)	\$ 7,634	50
51	Accumulated Depreciation (line 36,col.9 + line 41,col.6 + line 46,col.9)	\$ 1,370,852	51

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
52	Outbuilding	\$ 17,573	\$ 1,172	\$ 5,174	52
53					53
54					54
55					55
56					56
57	TOTALS	\$ 17,573	\$ 1,172	\$ 5,174	57

G. Construction-in-Progress

	Description	Cost	
58	Section Not Applicable	\$	58
59			59
60			60
61		\$	61

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

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XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease Section Not Applicable

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? ☐ YES ☐ NO

If NO, see instructions.

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized _____
by the length of the lease _____.

9. Option to Buy: ☐ YES ☐ NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO

16. Rental Amount for movable equipm: \$ 540 Description: Dishwasher

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Section Not Applicable</u>		\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2001 \$ _____

13. /2002 \$ _____

14. /2003 \$ _____

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

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Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.	2. CLASSROOM PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input checked="" type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> HOURS PER AIDE <u>40</u>	3. CLINICAL PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input checked="" type="checkbox"/> HOURS PER AIDE <u>80</u>
---	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments		1,385		1,385
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$ 1,385	\$	\$ 1,385
10	SUM OF line 9, col. 1 and 2 (e)	\$	1,385		

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
 (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
 (c) For in-house training programs only. Do not include fringe benefits.
 (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities

\$ None

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	5
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	5

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
 (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.
SEE ACCOUNTANTS' COMPILATION REPORT

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Facility Name & ID Number Aviston Countryside Manor# 0033407 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a,3	hrs	\$	1,471	\$ 30,652	\$	1,471	\$ 30,652	1
2	Licensed Speech and Language Development Therapist	10a,3	hrs		666	17,629		666	17,629	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a,3 & 10a,2	hrs		4,257	78,320	2,060	4,257	80,380	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39,2	# of prescripts				56,995		56,995	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): Lab & X-Ray	39,3					5,875		5,875	13
14	TOTAL			\$	6,394	\$ 126,601	\$ 64,930	6,394	\$ 191,531	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

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Facility Name & ID Number Aviston Countryside Manor

0033407

Report Period Beginning: 01/01/2000

Ending:

12/31/2000

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2000 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 86,215	\$	1
2	Cash-Patient Deposits	1,569		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	599,776		3
4	Supply Inventory (priced at)	4,347		4
5	Short-Term Investments			5
6	Prepaid Insurance	5,601		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 697,508	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	2,132,359		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	546,620		16
17	Accumulated Depreciation (book methods)	(1,330,675)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	5,798		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(5,798)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):	13,205		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,361,509	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,059,017	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 92,159	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	1,569		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	85,590		30
31	Accrued Taxes Payable (excluding real estate taxes)	14,947		31
32	Accrued Real Estate Taxes(Sch.IX-B)	24,800		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 219,065	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 219,065	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,839,952	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,059,017	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

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XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,605,662	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,605,662	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	449,290	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(215,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 234,290	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,839,952	24 *

* This must agree with page 17, line 47.

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STATE OF ILLINOIS

Page 19

Facility Name & ID Number Aviston Countryside Manor

0033407

Report Period Beginning: 01/01/2000

Ending:

12/31/2000

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 2,333,467	1
2	Discounts and Allowances for all Levels	171,790	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,505,257	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	178,847	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 178,847	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,133	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,133	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Diapers	529	28
28a	Miscellaneous Income	12,766	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 13,295	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 2,698,532	30

2			
Expenses		Amount	
A. Operating Expenses			
31	General Services	\$ 549,531	31
32	Health Care	968,761	32
33	General Administration	484,250	33
B. Capital Expense			
34	Ownership	133,870	34
C. Ancillary Expense			
35	Special Cost Centers	62,870	35
36	Provider Participation Fee	49,960	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 2,249,242	40
41	Income before Income Taxes (line 30 minus line 40)**	449,290	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 449,290	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

**** Provide a detailed breakdown of "Other Revenue" on an attached sheet.

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